Name in Full

Certificate of Death

Clarence R Adams

Died at Town: Westminster, County: Carroll MARYLAND

Date 189? Month: Nov Day: 25 | Age Y. 15 M. 0 D. 19 | Native of Md | Occupation School Girl

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of 100

Father's Name Augustus Adams | Mother's Name Alice Robinson

Ceuse of Death: Primary Menstrual Disorder | How long sick about 8 wks

Immediate Uremic Coma | ~~Accident, Suicide, Homicide~~

Reported by Chas. R. Fout, M.D.

Address Westminster Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full

August Bloomer

Certificate of Death

Town: Second Hospital for the Insane | County: Sykesville, Carroll Co. MARYLAND

Died at

Date 1899 — Month: 11th | Day: 4th | Age: Y. 41 M. — D. — | Native of: Maryland | Occupation: Cigar-maker

Male / ~~Female~~ | White / ~~Colored~~ | ~~Married~~ / Single | ~~Widow~~ / Widower | ~~Divorced~~ / Number of children living

Husband / Wife of —

Father's Name: Ernest Bloomer

Mother's Name: Not known

Cause of Death — Primary: Mitral Regurgitation — How long sick: 3 days

Immediate: Syncope 57 — Accident, Suicide, Homicide

Reported by Dr. J. Clement Clark

Address Second Hospital Sykesville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Name in Full

Certificate of Death

Mrs. Dorothy Hamner

Died at Town: Mt. Airy County: Carroll MARYLAND

Date 189 Month: 11 Day: 6 | Age Y.: 93 M.: 7 D.: 3 | Native of | Occupation

~~Male~~ Female | White Colored | Married ~~Single~~ | Widow Widower | Divorced Number of children living

Husband of Wife

Father's Name | Mother's Neme

Cause of Death: Primary: pneumonia 72 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Carroll Record 11-11

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70808

Name in Full

Certificate of Death

Mrs Sarah McGee Eckard

Died at Town Mayberry County Carroll MARYLAND

Date 189 Month 11 Day 15 | Age Y. M. D. | Native of | Occupation

Male / Female — White / Colored — Married / Single — Widow / Widower — Divorced — Number of children living

Husband of

Wife

Father's Name

Mother's Name

Cause of Death — Primary: 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by American Sentinel 11-18

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full

Certificate of Death

Augustus Ensor

Died at (Town) (County) Carroll MARYLAND

Date 189 9 Month 11 Day 14 | Age Y. 89 M. 10 D. 1 | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ | Number of children living 1

Husband of

Wife

Father's Name

Mother's Name

Cause of Death: Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by American Sentinel 11-18

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Florence Franklin

Died at Town: Westminster County: Carroll MARYLAND

Date 189 Month: 11 Day: 7 | Age Y.: 16 M.: — D.: — | Native of: Carroll Co | Occupation: School girl

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ Single | Widow Widower | Divorced Number of children living

Husband / Wife of

Father's Name: Don't Know | Mother's Name: Ollie Robinson

Cause of Death — Primary: Consumption | How long sick: 1 year

Immediate | Accident, Suicide, Homicide

Reported by J. W. Wilbur

Address Westminster Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 76706

Name in Full John Henry Frock

Certificate of Death

Died at Town Pleasant Valley County Carroll MARYLAND

Date 1899 Month Nov Day 17th

Age Y. 73 M. 1 D. 3

Native of Maryland

Occupation Farmer

Male ~~Female~~

White ~~Colored~~

Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living 6

Husband / Wife of Lydia A Frock

Father's Name Jacob Frock

Mother's Name Margaret Frock

Cause of Death: Primary 42

How long sick Four Days

Immediate Asphyxia Cerebral

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Dr. L J Stewart

Address Union Mills Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79706

Name in Full: Sarah Annie Haines

Certificate of Death

Died at Town: Gamber County: Carroll MARYLAND

Date 189? Month: 11 Day: 20 | Age Y. 87 M. 4 D. 15 | Native of: Md | Occupation:

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ | ~~Number of children living~~

~~Husband~~ ~~Wife~~ ~~of~~

~~Father's Name~~ 25e ~~Mother's~~ Name Don't Know

Cause of Death: Primary / Immediate: Cancer of Breast — How long sick: ~~Accident, Suicide, Homicide~~

Reported by C P Bair

Address New Windsor Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Seen by Coroner_____

of_____

Attended by Dr._____

of_____

Information contained in this certificate received from_____

of_____

Name in Full

Certificate of Death

Daniel G. Rill

Town: Hucksville | County: Carroll | MARYLAND

Died at

Month	Day	Y.	M.	D.	Native of	Occupation
11	15	8.	20		Md	

Date 189 9 | Age

Male / Female | White / Colored | Married / Single | Widow / Widower | Divorced / Number of children living

Husband / Wife of

Father's Name: Jacob Rill

Mother's Name: Ada Rill

Cause of Death — Primary: Cerebral Meningitis — 5-2 — How long sick: 30 days

Immediate: Pneumonia

Accident, Suicide, Homicide

Reported by: Dr. Jas H. Wilson

Address: Finksburg

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79706

Name in Full

Certificate of Death

Mary A Ricker

Died at Town: Westminster County: Carroll MARYLAND

Date 1899 Month: Nov Day: 12. Age Y.: 87 M.: — D.: — Native of: Va Occupation: —

~~Male~~ Female — White ~~Colored~~ — ~~Married~~ ~~Single~~ — Widow ~~Widower~~ — ~~Divorced~~ — Number of children living: 1

~~Husband~~ Wife of Philomah Ricker

Father's Name: Edward Ricker Mother's Name: —

Cause of Death — Primary: Heart failure 15 hr — How long sick: 1 hour

Immediate — Accident, Suicide, Homicide

OVER

Reported by Frank C Shaver undertaker

Address Westminster Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. J. J. Hennig

of Westminster Md

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

of _____

Name In Full John C Shipley — Certificate of Death

Died at Town Gist — County Carroll — MARYLAND

Date 189 9 Month Nov Day 13 | Age Y. 76 M. — D. — | Native of Md. | Occupation Farmer

~~Male~~ / ~~Female~~ | White / ~~Colored~~ | Married / ~~Single~~ | ~~Widow~~ / ~~Widower~~ | ~~Divorced~~ | Number of children living 2

Husband of ~~Wife~~ Elizabeth Brothers

Father's Name Grove Shipley | Mother's Name Louisa Conway

Cause of Death — Primary: Paralasis 44 — How long sick: 3 weeks

Immediate — Accident, Suicide, Homicide

OVER

Reported by Frank C Shamer undertaker

Address Westminster Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. S. G. Gorsuch

of Gaunber Md

Seen by Coroner .....

of .....

Information contained in this certificate received from .....

of .....

Name in Full

Certificate of Death

Norman Wilbur Spencer

Died at Town: Gist County: Carroll MARYLAND

Date 189 9 Month: Nov Day: 26 | Age Y. 5 M. — D. — | Native of Md | Occupation —

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ | Number of ~~children~~ living

Husband of

Wife

Father's Name Wm Spencer | Mother's Name Amanda Lockard

Cause of Death: Primary Pneumonia | How long sick 6 days

Immediate 72 | Accident, Suicide, Homicide

Reported by Frank Eckhart Undertaker

Address Westminster

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79693

Attended by Dr. S. G. Gorsuch

of Gaither md

Seen by Coroner _____

of _____

I formation contained in this certificate re-

ceived from _____

of _____

Name In Full no name Sullivan

Certificate of Death

Died at Town Hanover County Carroll MARYLAND

Date 1899 Month Nov Day 5 | Age Y. 0 M. 0 D. 2 | Native of md | Occupation —

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow ~~Widower~~ Divorced

Number of children living

Husband of
Wife

Father's Name Wm Sullivan Mother's Name 138 N

Cause of Death — Primary: Premature birth

Immediate: none

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. L W Heffinger

of Bryl Service Ind

Seen by Coroner .....

of .....

Information contained in this certificate received

from Father of Deceased

of .....

Name in Full

Certificate of Death

Herbert G Thompson

Died at Town New Windsor County Carroll MARYLAND

Date 189 9 Month 11 Day 14 | Age Y. 10 M. 4 D. 14 | Native of Md | Occupation ———

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name Geo Thompson

Mother's Name Annie Thompson

Cause of Death: Primary

Immediate Diphtheria 8d

How long sick

Accident, Suicide, Homicide

Reported by L P Bair

Address New Windsor Md

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79708

Seen by Coroner _____

of _____

Attended by Dr. John Buffington

of Dover Delaware

Information contained in this certificate received from _____

of _____

Name in Full none - West

Certificate of Death

Died at Town Eldersburg County Carroll MARYLAND

Date 1899 Month Nov Day 10 | Age Y. 4 M. — D. — | Native of md | Occupation

Male / ~~Female~~ | White / ~~Colored~~ | Married / Single / Widow / Widower | Divorced | Number of children living

Husband of
Wife

Father's Name John West | Mother's Name

Cause of Death: Primary Stomach trouble | How long sick

Immediate | Accident, Suicide, Homicide

81

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. No Physician

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from John West

of Aderesburg Md

Supposed Father do not know Mother